

**UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA**

APPLICATION FOR SEARCH OF BANKRUPTCY RECORDS

Name of individual or business that is the subject of the search:	Social Security No. or Employers Tax ID Number of subject:
Please search your records for the following information regarding the individual or business named above: <input type="checkbox"/> pending or closed bankruptcy cases in this district; <input type="checkbox"/> pending or closed adversary proceeding; <input type="checkbox"/> judgments/evidence of satisfaction of judgments; and <input type="checkbox"/> other [describe briefly] _____ <input type="checkbox"/> Please search for the period from _____ to _____.	
A fee of \$26.00 is charged for each name or item searched. Payment by check or money order must be enclosed. An additional fee of \$9.00 is required for certification. Please do not send cash through the mail.	
Name, address, and telephone number of the person requesting the search:	

CERTIFICATE OF SEARCH

The undersigned deputy clerk hereby certifies the following results of a diligent search of the records of the Court:

[Check only the items for which a search was requested and the prescribed fee paid.]

A. Bankruptcy Cases:

<input type="checkbox"/> None found	
<input type="checkbox"/> Case filed on _____	
<input type="checkbox"/> Voluntary	<input type="checkbox"/> Involuntary
<input type="checkbox"/> Pending	<input type="checkbox"/> Closed on _____

B. Adversary Proceeding:

<input type="checkbox"/> None found	
<input type="checkbox"/> Subject is a party to the following proceeding:	
_____	v. _____
(Plaintiff)	(Defendant)
Adversary Proceeding Number _____, filed on _____.	
<input type="checkbox"/> Pending	<input type="checkbox"/> Closed on _____
Disposition: Dismissed on _____	
Final Judgment entered on _____	
Case Number of related Bankruptcy Case _____	

Clerk of Court

Date

By: _____